Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control num

| £ FF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | PAT<br>EXTEVE DEC                                               | ENT APPLIC<br>8.2004                                                                | ATION<br>Substitu | FEE DETE                                    | RMINATIO<br>D-875 EFF               | N<br>EZ               | RECORD             | TC. 8,200              |         | ion or Docket Nu   | imber<br>79               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|-------------------------------------------------------------------------------------|-------------------|---------------------------------------------|-------------------------------------|-----------------------|--------------------|------------------------|---------|--------------------|---------------------------|
| CLAIMS AS FILED - PART I  (Column 1) (Column 2) SMALL ENTITY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                 |                                                                                     |                   |                                             |                                     |                       |                    |                        | OR      |                    | R THAN<br>ENTITY          |
| FOR NUMBER FILED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                 |                                                                                     | NUMBE             | NUMBER EXTRA                                |                                     | RATE                  | FEE                | İ                      | RATE    | FEE                |                           |
| BASIC FEE<br>(37 CFR 1.16(a))                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                 |                                                                                     |                   |                                             |                                     |                       |                    | 395                    | OR      | 10112              | .740                      |
| TOTAL CLAIMS<br>(37 CFR 1.16(c)) minus 20 =                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                 |                                                                                     |                   |                                             |                                     | ر<br>میراند<br>میراند | -                  |                        | × \$50= | <u> </u>           |                           |
| NDI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | PENDENT CLAIN                                                   | AS .                                                                                |                   |                                             |                                     |                       | × \$ 100 =         |                        | OR      |                    |                           |
| (37 CFR 1.16(b)) minus 3 = *                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                 |                                                                                     |                   |                                             |                                     |                       |                    |                        | OR      | × s <u>200</u> =   |                           |
| MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                 |                                                                                     |                   |                                             |                                     |                       | + <u>5 /80</u> =   |                        | OR      | + s <u>360</u> =   |                           |
| * If the difference in column 1 is less than zero, enter *0* in column 2.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                 |                                                                                     |                   |                                             |                                     |                       | TOTAL              |                        | OR      | TOTAL              |                           |
| CLAIMS AS AMENDED – PART II                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                 |                                                                                     |                   |                                             |                                     |                       |                    |                        |         |                    |                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (4-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1                        |                                                                                     |                   |                                             | (Column 3)                          |                       | SMALL E            | NTITY                  | OR      |                    | R THAN<br>ENTITY          |
| AMENDMENT A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 1/12/05                                                         | CLAIMS REMAINING AFTER AMENDMENT                                                    |                   | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA                    |                       | RATE               | ADDI-<br>TIONAL<br>FEE |         | RATE               | ADDI-<br>TIONAL<br>FEE    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Total<br>(37 CFR 1.16(c))                                       | ٠. ک                                                                                | Minus             | 20                                          | =                                   |                       | x \$ <u>25 = </u>  |                        | OR      | x \$ 50 =          | _                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Independent<br>(37 CFR 1.16(b))                                 | */                                                                                  | Minus             | ** 3                                        | =                                   |                       | × \$ /00=          |                        | OR      | x s <u>200</u> =   |                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) |                                                                                     |                   |                                             |                                     |                       | +\$180 =           |                        | OR      | +s360=             |                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                 |                                                                                     |                   | · · · · · · · · · · · · · · · · · · ·       |                                     |                       | TOTAL<br>ADD'L FEE | t                      | OR      | TOTAL<br>ADD'L FEE |                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                 | (Column 1)                                                                          |                   | (Column 2)                                  | (Column 3)                          |                       |                    |                        |         |                    | <u>.</u>                  |
| AMENDMENT B                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                 | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT                                           |                   | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA                    |                       | RATE               | ADDI-<br>TIONAL<br>FEE |         | RATE               | ADDI-<br>: :TIONAL<br>FEE |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Total<br>(37 CFR 1.16(c))                                       |                                                                                     | Minus             | -                                           | =                                   |                       | x s 25 =           |                        | OR      | x s 50 =           |                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Independent<br>(37 CFR 1.16(b))                                 | •                                                                                   | Minus             | ***                                         | =                                   |                       | × s/00 =           |                        | OR      | × s <u>200</u> =   | ; 7: Indones              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) |                                                                                     |                   |                                             |                                     |                       | + s 180 =          |                        | OR      | + \$360 =          | 1                         |
| (5.5)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                 |                                                                                     |                   |                                             |                                     |                       | TOTAL              |                        |         | TOTAL              |                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                 |                                                                                     |                   |                                             |                                     |                       | ADD'L FEE          |                        | OR      | ADD'L FEE          |                           |
| _                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                 | (Column 1)<br>CLAIMS                                                                | ſ                 | (Column 2)<br>HIGHEST                       | (Column 3)                          |                       | r—                 |                        | i       |                    | ·                         |
| AMENDMENT C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                 | REMAINING<br>AFTER<br>AMENDMENT                                                     |                   | NUMBER<br>PREVIOUSLY<br>PAID FOR            | PRESENT<br>EXTRA                    |                       | RATE               | ADDI-<br>TIONAL<br>FEE |         | RATE               | ADDI-<br>TIONAL<br>FEE    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Total<br>(37 CFR 1.16(c))                                       | •                                                                                   | Minus             | **                                          | = .                                 |                       | x <b>s</b> 25 =    |                        | OR      | x \$ 50 =          |                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Independent<br>(37 CFR 1.16(b))                                 | •                                                                                   | Minus             | ***                                         | =                                   |                       | × s 100 =          |                        | OR      | × \$200 =          |                           |
| ¥Κ                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) |                                                                                     |                   |                                             |                                     |                       | + \$ 180 =         |                        | OR      | + \$360=           |                           |
| The state of the s |                                                                 |                                                                                     |                   |                                             |                                     |                       | TOTAL<br>ADD'L FEE |                        | OR      | TOTAL<br>ADD'L FEE |                           |
| •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | * If the "Highest I<br>" If the "Highest I                      | olumn 1 is less tha<br>Number Previously<br>Iumber Previously<br>Imber Previously I | Paid For          | IN THIS SPACE<br>IN THIS SPACE I            | is less than 20, is less than 3, er | ent<br>nte            | er "20".<br>r "3". | the appropriat         |         |                    |                           |

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450. Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.